PPW 145/7/3.1 1950/1952

FIFTH BIENNIAL REPORT

of the

Mayview State Hospital
Mayview, Pennsylvania

for the fiscal years

June 1, 1950 to May 31, 1951
and
June 1, 1951 to May 31, 1952

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August 1, 1952

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Biennial report of the
Mayview State Hospital

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Joseph L. Walsh - - - - - - - - - - - - - - - Chief Supervisor of Male Attendants

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Dr. James C. MacLean	Psychiatry
Dr. Floyd H. Bragdon	Neurosurgery
Dr. William A. Rote	General Surgery
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Dr. Fred Brady	General Surgery
Dr. James V. Scott	General Surgery
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Dr. Charles C. Altman	Urology
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Dr. Julian P. Levinson	Cardiology
Dr. Frederick M. Jacob	Dermatology
Dr. William F. Brennan	Internal Medicine
Dr. William R. Clarkson	Internal Medicine
Dr. George T. Fetterman	Pathology
Dr. Thomas J. Moran	Pathology

"THE PATIENT'S WELFARE FIRST"

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REPORT OF TRUSTEES

To the Honorable William C. Brown, Secretary of Welfare:

The Board of Trustees of the Mayview State Hospital present to you their Fifth Biennial Report for the fiscal years, June 1, 1950--May 31, 1951 and June 1, 1951--May 31, 1952.

Almost sixty years ago the City of Pittsburgh established a hospital at Marshalsea that was to be worthy of its citizens and of the times in which they lived. As years passed, Marshalsea became Mayview and in 1941, Mayview State Hospital.

Through these years the institution has never deviated from the purpose of its founders: to provide the best possible care for the citizens of Pittsburgh who became mentally ill.

To bring the story of Mayview up to date, we respectfully submit to you in the following pages the regular biennial report for 1950-1952 with its story of ever-increasing needs and ever-expanding services.

To the Board of Trustees of Mayview State Hospital:

This is a record of which you may well be proud and it explains why we are always so happy to write a biennial report. We are fully aware, however, that anyone who writes such a report is often asking for trouble for the printed page is such a skimpy measure of reality. Our first duty is to thank the members of the Board of Trustees, the Staff, and the employees of the institution. We can understand the terrible sense of urgency and futility that some of these people have felt during the past two years, the temptation to live for the moment and to put aside all thought of the future, to shrug off all responsibility. At times, perhaps, we also felt that way but we finally put aside that point of view. It is a defeatist policy that tears down and does not build. We are not going to paint a rosy picture of the hospital, either during the past two years or for the future. It is true that the future holds for the hospital the best that we have seen for many years. The biennium of 1948-1950 was one of planning; the biennium upon which we report was one of building. The next two years, we hope, will bring the pleasure of accomplishment. Do not let anyone tell you, however, that this will then be the best of all hospitals in the best of all states. Anybody who believes that we cannot still build something better has achieved what can only be described as the zenith of pessimism. It should be pointed out that there is nothing unique about the problems that the hospital has faced during the past two years. Basically they are no different than those which have confronted most of the employees, superintendents and trustees before us. Checking back over the records to the beginning of this century, we have seen that even in those days one of their major problems was overcrowding. They worried about the condition of the identical buildings that we worry about today. We strongly suspect that if we were able to question all the employees

and superintendents from the past, that they would tell us quite honestly, that despite everything we may have gone through it was not nearly so difficult as it was in some of those black days when they stood in our places. As we have said, this report might be listed as an interim report between the stages of planning and final accomplishment. It is short as reports go in order that it may not be repetitious. We might show you the changes in the hospital during the past two years much more easily through the medium of pictures than by the printed word. For the record we give you however brief summaries prepared by the various departments of the hospital outlining the changes during that hectic biennium of 1950-1952.

Before proceeding we should point out specifically two particular hospital situations. Reference to the "Movement of Population" chart under the statistical portion of this report will show that during the last biennium over fifty percent of new admissions came to Mayview for observation by way of the Allegheny County Jail. These admissions included patients who were nonresidents of Pittsburgh and of Pennsylvania as well as many patients who would be normally admitted to Woodville State Hospital. This program of short-term observation of patients was instituted in 1945 with the following statement: "Recognizing that a person believed or known to be suffering from abnormal mental conditions other than drunkenness may from time to time be detained in jail following arrest and pending further disposition and believing that such detention is wrong the Department of Welfare of the Commonwealth of Pennsylvania authorizes the creation at Mayview State Hospital of an emergency observation unit to receive persons under arrest upon the recommendation of the jail physician and if in the discretion of the Superintendent or Assistant Superintendent of Mayview State Hospital the patient may be cared for in safety to themselves and to others for a period

not to exceed ten days and to a number not to exceed ten male and ten female patients for temporary care in observation under the following conditions." Then follow thirteen conditions under which patients might be admitted to this special service.

The number of patients admitted during the biennium through this facility increased to such proportions, however, as to not only be an undue burden on the jail and a drain on this hospital's available admission facilities, but also an improper use of penal methods for mentally sick individuals.

Of immediate aid in the solution of this problem would have been: (1) A more specific delineation of the type of patient to be accepted by the jail for transfer to Mayview State Hospital. (2) The acceptance of proper responsibility by other institutions and facilities. (3) Further public education as to the alternate admission procedures that are available.

The long-term and ideal solution would be the setting up of a processing, diagnostic, or even a complete short-term observation facility in the City of Pittsburgh and in an environment other than that provided by a penal institution however excellent. An attempt to meet this need was made at Mayview by providing means for the immediate admission directly to the hospital of emergency cases for temporary observation. This procedure was instituted to obviate the necessity of mental patients being admitted through the County Jail. The distance of the institution from Pittsburgh, however, has made the utilization of this latter procedure less convenient for everyday use than if it were available within the immediate limits of the City itself.

The second situation is the very common one of overcrowding. The present building program when completed will relieve a large part of the overcrowding in the women's division. During the biennium upon which we

report necessity, however, aggravated the situation. Necessity required the demolition of two dangerous buildings in order that a new and modern building might be erected in their place by the General State Authority. This same necessity forced over 1100 patients into a building with a capacity of 548 and forced the placing of 258 patients in the basement of the new dietary building. These conditions are only temporary but while they exist, produce many secondary problems in the hospital and must be noted in the record. It should also be noted that in spite of a high admission rate and severe overcrowding Mayview State Hospital has had no waiting list of patients requiring admission directly to the hospital.

If we may be pardoned for this digression, we will now proceed with the body of the biennial report as prepared by the various departments of the institution.

Preston W. Thomas, M. D.
Superintendent

ACCENT ON THERAPY

Continued interest in the patients' welfare has been sustained by the professional staff through an intensive and expanded program of therapy. To initiate intensive therapy, every effort is made to expedite admission of the mentally ill patient in order that the necessary classification and evaluation might be quickly completed. Although electric shock and insulin shock are dominant, occupational and recreational therapy facilities are available. The basic services of the laboratory, X-ray, and other coordinated consultant services continue with their high standard of training and skill during this period of treatment and prognostic consideration.

Treatment, however, does not end with the new admission. To the chronically ill and aged group, treatment facilities remain available. The daily medical dispensary, general surgery, neurosurgery, industrial therapy, and recreational therapy all contribute in some degree to the persistent attempt at rehabilitation.

In addition to the scientific procedures the one cardinal form of treatment that still overshadows them all is the often forgotten humane care and kindness stressed in all patient relationship.

Otto E. Ramik, M. D.
Assistant Superintendent

MEASURING FOR THERAPY

The psychology department in an institution such as the Mayview State Hospital has three principal functions. They are the psychological examination of patients, planning and execution of research and community and interdepartmental education.

During the past two years the psychology department has examined several hundred patients belonging to all diagnostic groups. Patients of all ages and of both sex have been seen. The majority, however, have been between the ages of twenty and fifty years of age. Through the use of a large variety of intellectual, personality and diagnostic tests, the department has attempted to assess strengths and weaknesses, the intrapersonal relationships and the present status and prognostic values of these mentally-ill individuals. The Wechsler-Bellevue Intelligence Scale, Rorschach Psychodiagnostic Test, Thematic Apperception Test, Human Drawings, Bender Visual-Motor Gestalt Test and Concept Formation Tests were among the principal instruments used. The great majority of patients seen have been new admissions. At this point of greatest stress and of greatest hope of recovery, the contact with the psychologist provides information about and personal contact for available techniques. Although the major emphasis was on new admissions, within the past six months a policy of reviewing patients who have been in the hospital for a period of one year and an intensified drive to deal with specially recommended problems has been carried on.

Two research projects are being investigated. The first one, a study on the relationship of personal rigidity as evidenced in Human Drawings and its relationship to recovery or improvement following electric shock treatment, is in the collection of data stage. Male paranoid schizophrenics

are the subjects. This study is being carried on with the cooperation of certain doctors and nurses. A second study is in the planning stage.

Education is a vastly important area of endeavor. Through talks to civic groups and student nurses, public misunderstanding, lack of information and taboo about the mentally ill can be alleviated. Many talks by the psychologist alone and also with psychiatrists and social workers of other agencies in the Pittsburgh area have been given to various types of civic groups. Clinics have been held for visiting groups at Mayview concerning mental health and the family, the role and function of personnel in such institutions as Mayview and the treatment and care of patients. A not unimportant area of education is the training of psychologists. To this end, a rotating internship is in a well-advanced, planning stage. Graduate students who need and desire clinical experience will be given an opportunity to have it under intensive supervision. Mayview, the Training School at Morganza and the Division of Community Services in Harrisburg are participating in the establishment of this rotating internship. Its actual beginning is placed in the very near future.

With expanding personnel and facilities, the psychology department hopes to be able to meet the increasing need of its services.

Alvin Roy Talkoff
Psychologist

THERAPEUTIC OCCUPATION

Several factors have made this biennium one of planning. The general tenor of the Occupational Therapy Department during the first half was one of providing services under transitory conditions. Several locations were disrupted or discontinued because of building construction and lack of personnel, although some resumed function on a limited scale. As in many hospitals, space however inadequate in size and desirability has been utilized for the purpose of providing activity treatment here. The opportunity to suggest desirable features to be incorporated in the plans for proposed buildings which contained specified areas for occupational therapy was most welcome. The requesting of equipment for the new buildings with regard to the type of patient to be treated in each will, in some instances, provide greater variety of activity and increase the services to the patients. The long awaited move of the central shops for men and women patients was accomplished in June, 1951. A glimpse of the attitude of patients and employees in regard to the new location can best be expressed in the words of one of the women patients: "It's like coming into a new world." This move had been considered when capital budget needs were estimated so that new furniture and equipment have replaced mismatched and unusable items. Even so, the use of some of the equipment will have to be delayed until the proposed remodeling is done. These plans will include adequate electrical lines and outlets, provide storage space, etc. When in full operation, this will be a coeducational shop in which men and women will participate together in activity. Several existing locations will be continued but with increased variety in activity.

The appointment of an Occupational Therapy Consultant in the Bureau of Mental Health has brought assistance to the department. Three employees of

the department attended an aide training course at the Norristown State Hospital the month of June, 1951. Although nonprofessional personnel has been instructed in policies and project procedures with some theory and principles, it is felt that the students gained much in their training period as well as the opportunity for the interchange of ideas and the discussion of mutual problems. The chief therapists of the state hospitals assisted in the planning of the training course and in doing so, refreshed and revised to some extent their own thinking.

Marjorie E. Roth, O. T. R.
Chief Occupational Therapist

THE SERVICE OF NURSING

The Nursing Department of Mayview like that of other hospitals has been handicapped by a severe shortage of graduate nurses. Despite this handicap and with the cooperation of the attendants, the department has been able to operate on a full schedule without any decrease in special therapies, surgery, clinics, or the quality of nursing care given to the patients. It has, however, been necessary to make some changes so that the personnel we have could be utilized to the best advantage. With this in mind, two buildings in the men's division previously under separate supervisors were combined and are now under the supervision of a registered nurse.

The razing of North 3 and South 3, to make space for the construction of a building for overactive women, increased a problem which had already reached major proportions. It was necessary to find facilities to house the 500 patients who had previously lived in these buildings. Temporary quarters in the basement of the Dietary Building were made available for the men, but the women we were forced to place on wards already filled beyond capacity. With the completion of new buildings now in progress we hope to alleviate this problem in the coming year.

The committee appointed to order furnishings for the new buildings worked diligently so that much needed equipment would be available when the buildings are ready for occupancy. Most of this equipment has been delivered and is in storage awaiting completion of the buildings.

A new roof was needed on South 2 Building and with its completion, much needed repair work has begun. The building has been replastered and is being repainted in bright colors to make more attractive living conditions for the patients.

With the opening of the new Dietary Building, men patients who previously ate in the old dining rooms are being served in the brighter and more attractive dining room of this building. This has been a gradual procedure. By beginning one building at a time, it was found that the patients adjusted more readily to the change. A dining room for women patients is available in this building and will be in use shortly.

The increased interest of the graduate staff to further the progress of nursing education is still evidenced by the attendance of our nurses at the educational meetings in this area and the "workshops" held at the University of Pittsburgh.

The employees' buildings also under the supervision of the Nursing Department have undergone some needed repairs. The roofs of these building have been repaired and plans are being made to have the rooms replastered and painted in the near future. New furniture and rugs ordered for the sun rooms will brighten the surroundings in which the employees will spend their hours off duty.

With additional matrons added to the nursing payroll, patients who are prescribed housekeeping therapy may have more adequate direction and supervision. The additional positions also made it possible to open a lounge and locker rooms located in the Dietary Building for employees.

Christine C. Mackenzie, R.N.
Director of Nursing Service

EDUCATION IN NURSING

During the biennium covered by this report, a total of 328 students completed the course of instruction practice in the principles of psychiatric nursing. The Washington Hospital and Uniontown Hospital have terminated their contracts with us and are now affiliating elsewhere. We are now receiving students from seven schools of nursing.

Changes in the instructional staff have occurred. The former Assistant Instructor left March 10, 1951 to take a position with higher pay and one which was close to the University of Pittsburgh where she intended to continue her studies. One of our graduate staff members who completed her studies for a degree of Bachelor of Science in Nursing Education at the University of Pittsburgh in June was appointed to fill this position on July 15, 1951. A position has been approved for a Clinical Instructor but this position has not as yet been filled.

Because the vacancy in the position of Assistant Instructor was filled in a relatively short period of time, the teaching program has been maintained at its previous level. The areas for clinical practice have decreased in number to provide more adequate supervision of students. When the position for Clinical Instructor has been filled, there will be more individualized teaching on the wards. The Director of Nursing has been able to interview all students and has taken active interest in their individual welfare as well as the welfare of the total group.

Two student teachers from the University of Pittsburgh have received experience during the past biennium. Reciprocal contacts have continued with the University of Pittsburgh. The Director of Nursing and Instructor were contributors at two workshops in nursing and a member of the

University faculty has maintained a regular visiting schedule here. As a result of her visits we are looking forward to having some practice supervisors gain experience here toward their course in administration at the University.

The annual meetings of Directors of Nursing of the affiliating schools have been continued. Consequently, plans have been made for our Instructor to visit each school once or twice a year for the purpose of meeting students who will be affiliating within the following year and answering any questions they might have. Four schools have already been visited. One school took advantage of the visit to have our instructor show them how mental hygiene studies can be utilized in the more complete understanding of the general hospital patient and his disease. Invitations have been extended in these cases for their graduate staffs and faculties to visit Mayview. On the basis of these first visits, it is felt that there is much to be gained by their continuance. These gains lie in a better understanding of the General Hospital Nursing Staff of the application of psychiatric nursing principle in their hospital. This type of visit is recommended in nursing literature.

One of our graduate nurses who completed a year of advanced study at the University of Pittsburgh returned to us in September, 1951. She has been assigned responsibilities for the immediate orientation of all new attendants. This orientation includes both classroom instruction and supervision of practice. The remainder of the instructional program for attendants is now being revised by the coordinated efforts of the Director of Nursing, the Assistant Director of Nursing and the Instructor to meet with the suggestions made by the Department of Welfare Nursing Committee. Revisions will be completed soon and the program of instruction will then be

a standard feature of our total educational program.

Grace L. Humitsch, R. N.
Instructress of Nurses

SERVICE FOR THE PATIENT IN THE HOSPITAL AND IN THE COMMUNITY

As one of the many departments at Mayview State Hospital, all working together in the interest of the patient, the Social Service Department has continued to function in its specific sphere at the hospital, at the Allegheny County Jail, and in the weekly clinics at the Allegheny General Hospital in Pittsburgh. The current Social Service staff consists of six social workers and two stenographers.

Services through the Social Service Department have covered a wide field of activity. The chief function of the Department, of course, is to obtain social histories on patients who are to be admitted. These histories are obtained by personal interview with members of the family or by telephone or letter. Reports are also secured on previous hospitalizations of patients or of contacts made with other community agencies. The Department is also called upon frequently by the community to give information concerning admission procedures to the hospital or to give telephone or written reports and summaries to other agencies requesting information about patients in the hospital. An important function of the Social Service Department is to initiate the residence verification procedure of nonresident patients by investigation, by contacts with the patient, and by communication with the Bureau of Mental Health. It is also necessary to maintain contact with patients who were on leave of absence, to notify families concerning the results of the weekly diagnostic tests for patients in the hospital for observation, and to notify the Behavior Clinic concerning the admission of patients to come in as Court commitments. One of the most important functions of the Department is to maintain contact between the patients and the outside world. This requires many conversations with families. particularly those who

do not visit the patient very frequently; and requires many letters to straighten out the patient's business affairs, to interpret hospital function to the family, and to give them reassurance in order to relieve their anxiety concerning the patient. It is also necessary for the Department to work with the families and with other community agencies in an effort to effect the immediate departure of patients who have been discharged from observation or whose leave from the hospital has been recommended by the Psychiatric Staff. In some instances it has been a duty of the Department to assume responsibility for the obtaining of a home for patients, and the finding of employment for those who have no family and who are able to work. Many patients who are able to leave the hospital and who have no funds have been placed on the Public Assistance rolls through the efforts of the Social Service staff. During this past biennium it was also the responsibility of the Department to obtain from families permission for special forms of treatment and for operations. This work has now been taken over by the medical department.

Dorothy A. Vogeley
Director of Social Service

RELIGION AND RECREATION

The purpose of this department is to cooperate with the hospital personnel in the sympathetic and therapeutic treatment of the patients and to sponsor and supervise such activities, both for individuals and groups, as will aid in their care and treatment. The Department of Religion and Recreation is a unit in the larger program of the care and treatment of the patients.

In the Department of Religion the main purpose is to bring the satisfactions of religion to those who feel the need of religion, separated as the patients now are from home and church. Our population is made up of Catholics, Protestants of many denominations, Jews, Christian Scientists, those of no organized form of religious faith and many who claim to have no religion at all. The department endeavors to present the truth with as broad an appeal as possible and does not wish to force any particular belief or ministry on people of such varied faiths.

The Catholic population is administered to by a resident Priest. The Mass is conducted every Sunday morning with an attendance of about 300. Special Masses are also conducted on the special days of the church year. Confessions are heard before the Mass. The Catholic Chaplain visits those of his faith who are critically ill and those who request a visit.

The Protestant population is administered to by a full-time Minister. The regular Worship Service of the Protestants is held in the Chapel every Sunday afternoon at 1:30 p. m. with an attendance of about 300. A patients' choir of thirty-five voices sings during the service and visits on the wards of the various buildings after the service to sing for the patients who cannot come to the Chapel. Other duties performed by the Protestant Chaplain are:

to visit all critically ill Protestant patients and to visit newly-admitted Protestant patients. The Chaplain also visits patients as requested by other hospital personnel for the purpose of religious counseling. A number of religious workers from the Pittsburgh district visit the institution regularly and conduct services and musical programs in various wards and buildings. Holy Communion is administered once a year to all the Protestant patients who wish to commune. Special services and Prayer meetings are held during the Christmas and Easter seasons.

The aim of the Department of Recreation is to provide such forms of recreations for patients as will be helpful in their care and treatment. Recreational Therapy is one of the therapies used in the hospital to supplement the regular psychiatric treatments of the patients. The philosophy of recreation is embodied in the very word itself, that is "re-creation." Recreation goes hand in hand with the other treatments and therapies applied to a mental patient in the hospital. Its value lies in the rebuilding of the body and mind, resulting in a well-integrated personality. The ultimate aim of Recreational Therapy in mental illness is the rehabilitation and resocialization of the individual patient through games, sports, and entertainment. An attempt is made also to re-educate the patient and to overcome bad and unsocial habits.

The Recreation Department was recently reorganized and a staff of workers was procured. The staff consists of a Recreation Director, seven Recreation Attendants, and a Stenographer Clerk. The Recreation Center building is the headquarters of the department. A regular program of active and passive recreation is carried out daily. Large groups of patients are taken from the wards to the Recreation Center for regular classes twice a day. The patients participate in active games such as: volleyball, dodge

ball, relay contests, rope jumping, basketball shooting, table tennis and social dancing. They also enjoy quiet games such as: checkers, playing cards, bingo, spelling bees, crayon coloring and other table games. During the summer months an outside program of sports is carried out for the patients' enjoyment. A large Baseball Field and a new recreation area which includes the Tennis Court, Volleyball Court, and two Horseshoe Courts are used to good advantage by the recreation workers for outdoor games such as: softball, volleyball, tennis, horseshoe pitching, dodge ball and other active games. Two Patients' Dances are held once a month with an attendance of approximately 600 in the Recreation Center. Good orchestras from Pittsburgh play for the dances through funds provided by the Music Performance Trust Fund of the American Federation of Musicians. A record player with a variety of current recordings is also used for the dances. Recently a dance orchestra of employees and patients was recruited to play for the dances. The use of this local talent has added a great deal to the interest in the dances. In addition to the regular daily program of activities the recreation workers also provide special activities for larger groups of patients such as: Talent Shows, Band Concerts, Stage Plays, Fourth of July and Labor Day Field Events, Picnics, and Christmas and Halloween parties.

From June to December the department sponsors a Baseball Team which plays on the hospital Baseball Field every Thursday in competition with good sandlot teams from the surrounding area. The average attendance of patients at the game is 800. Softball games are also played on the Ball Field by both patients' teams and outside teams who use the ball field. The patients enjoy this activity and participate in it either actively or passively.

Motion pictures are maintained throughout the year for the enjoyment of the patients. Two movies a week are shown for three audiences with a total

attendance on each show day of 700. The equipment for showing the pictures consists of two 35 m. m. Motiograph Deluxe Projectors with Simplex Sound Equipment. Current feature films and short subjects are booked through seven motion picture distributors in Pittsburgh. These pictures appeal to all types of patients and have a real "distractive" value. A patient can hardly brood over his troubles while attending a moving picture show.

In addition to the larger equipment, two portable sound motion picture machines are used for showing 16 m. m. pictures in the Recreation Center and on the wards where patients can enjoy them who are unable to go to the shows in the Chapel Auditorium. Moving pictures of the grounds, buildings and activities of the institution have been taken by the hospital personnel with a 16 m. m. movie camera. These films are also shown to the patients and to outside clubs, schools, and churches for the purpose of familiarizing these groups with the workings of the hospital.

A new project was started during the last year for the working patients. A treat is given out once a week to every patient engaged in Industrial Therapy. The Recreation Department distributes the treats to the various departments of the hospital having working patients under their care. The treat consists of one five-cent item such as: candy bar, a box of cookies, popcorn, potato chips, pretzels, and peanuts. The purpose of this program is to give each group of working patients a recess or period of relaxation during their working day while they enjoy together the treat for the week. The treats are not given as pay for work but they are given as a regular part of the Industrial Therapy program of the hospital.

The Recreation Department is also responsible for the installation and maintenance of sound systems, record players, pianos, organs, radios and television sets. Three centrally-controlled sound systems and nearly fifty

individual radios provide radio entertainment for nearly every ward in the institution. Seven television sets have been installed during the last biennium. Television has proved to be very popular as a diversion and an entertainment. The sets are viewed either on the wards or in special rooms where a large group may watch the picture. This new medium is proving itself to be a definite aid to psychiatry.

The Recreation Director acts as custodian of the Recreation Fund and keeps the necessary records of receipts and expenditures. The Recreation Fund is a fund set aside by the Board of Directors of the Little Store for patients' recreation. The profits made from sales of merchandise at the hospital store are turned back over to the patients in the form of new recreational equipment, treats at parties and picnics, radios and televisions and in many other forms.

A hospital paper called the News Bulletin is written by the Department of Recreation and published weekly. A Patients' Library of 7000 volumes is kept open daily for the distribution of books and magazines. The department is also responsible for maintaining the Chapel Auditorium, the Baseball Field, and the new recreation area which includes the Tennis Court.

This department cooperates with the other hospital departments in planning the general recreational therapy program for patients. The director acts as a coordinator of various committees in the planning of specific patients' functions and must cooperate with the other departments in order to maintain an active indoor and outdoor program of recreation.

Rev. James S. Yount, B. D.
Recreational Director and Chaplain

FOOD PREPARATION AND SERVICE

The anxiety and zeal of ambition and planning has ultimately proved fruitful with the completion and occupancy of the New Dietary Building. With the finest equipment obtainable, combining convenience and efficiency in operation, it is modern in every respect. The first floor plan contains the Administrative, Nurses' and Employees' Dining Rooms, Central Kitchen, and Men and Women Patients' Dining Room. Cafeteria-style feeding is featured and service is maintained by direct access to the kitchen.

The Men and Women Patients' Dining Room is one large room, with a partial wall of glazed ceramic tile block separating the dining room to prevent mingling of the men and women patients, yet providing adequate ventilation and unhampered vision of supervision for the entire dining room. Separate stainless steel service counters provide ample space for rapid serving. Employee personnel serves and passes out the food to the patients, providing proper handling of edibles with a higher standard of service to every patient.

Introduction of plastic dinnerware and stainless steel knives, forks, and spoons; salt and pepper shakers on each table; and a paper napkin to each patient were instituted initially on opening date. The patients' acceptance of this change from aluminumware has been heart warming and successful.

Relaxation during meal time is furnished musically by radio and recordings on the Amplified Sound Reproducing System and Intercommunication System controlled from the Dietitian's Office. Speakers are mounted in each of the dining rooms and controlled separately. The patients' reaction and acceptance of this music during meal time is most gratifying.

The dining rooms are light, cheerful and air conditioned. Tables

are of hardwood construction with Formica tops in tan linen finish, seating six (6) to each table. Chairs are of hardwood steam bent construction with wide saddle seats affording comfortable seating. Tables and chairs are of light maple finish.

The Central Kitchen has walk-in coolers for ample storage of perishables, eight (8) 100 gallon aluminum steam kettles contained in an alcove with exhaust fans overhead, a battery of twenty-four (24) steamers, six (6) gas ovens, and ten (10) gas french fryers each in unitized alcoves. A freight elevator is at one end of the kitchen to convey foodstuffs from the basement.

The basement is comprised of: complete Bake Shop consisting of electric rotary-type gas ovens, electric dough mixer, proof boxes, moulder, rounder and bread slicer; Vegetable Preparation Room; Ice Cream Room containing mixer, homogenizer, pasteurizer, slicing machine and hardening room freezer. The compressor room houses all the machinery for the refrigerators and coolers throughout the building. Fluorescent lighting is featured throughout the entire building.

Despite the great strides of forward progress accomplished to date, the Dietary Department has not yet reached its ultimate objective and will within its power endeavor to move forward with expectations of a better tomorrow.

Kay P. Flucker, B. S.
Chief Dietitian

THE SOIL, THE SUN, AND THE PATIENT

With the welfare of the patients in mind, the Farm Department not only provides fresh milk, eggs, vegetables and fruit, but also presents the opportunity for them to work in the fresh air and sunshine.

It is under the supervision of a Farm Manager and his assistant, who are aided by 26 other employees. About 70 male patients assist with the less dangerous work.

The farm consists of approximately 600 acres, with 45 acres of orchard and small fruit, 125 acres of truck garden and the balance to general farm crops.

The poultry department, with an average flock of 2,000 laying hens, provides a large percentage of the eggs used at the institution. This department has made a very credible showing in production, as compared with the other state institutions. During the past biennium, over 18 tons of dressed poultry were delivered to the butcher shop as well as 47,421 dozens of eggs.

The dairy which provides about 50 percent of the fresh milk consumed at the institution consists of 125 head of registered Holstein cattle. The present crowded conditions make it impossible to increase this production. The plans have been drawn up to remodel the dairy buildings which will enable us to enlarge the herd. It has just passed its 14th consecutive negative test for tuberculosis and Bang's disease. Artificial insemination is used on the entire herd by the Western Pennsylvania Artificial Breeding Co-operative.

With the exception of July and August, 15 hogs are butchered each week from the swineherd, which consists of about 500 Hampshire and Berkshire hogs. The total dressed pork for the biennium was over 54 tons. Animals from the herd are exhibited at the Allegheny County Free Fair each fall.

From the truck garden, fresh vegetables are provided for the patients and employees in season. During the period covered by this report, 473 tons of vegetables were delivered to the dietary department, 442 tons to the cannery for processing, and 36 tons were transferred to other state institutions.

The main purpose of the greenhouse is to raise vegetable plants for the garden of which 217,000 were grown during the past two years. It also provides cut flowers for all buildings of the institution as well as the plants for outside decoration.

The following is the production report from the cannery, through which the surplus vegetables and fruit are processed and canned in No. 10 cans.

Item	1950	1951
Sauerkraut	6,240	2,308
Tomatoes	8,967	7,339
Tomato Puree	6,262	5,854
Apple Sauce	6,552	6,091
Snap Beans	9,643	2,072
Beets	8,080	6,914
Pumpkin	837	
TOTALS	46,581	30,578

James S. Quivey
Farm Manager

INSTITUTIONAL MAINTENANCE

The main subdivisions of the Maintenance Department are the Shops, Garage, Power Plant, and the Coal Mine. The proper operation of these subdivisions contribute to the safety, comfort, and welfare of the patients and the employees alike at this institution. A brief summary of the activities of the Maintenance Department for the past two years is given in the following pages.

The Shops at the institution, with a personnel of 41 employees, are equipped to make almost any kind of repair to existing equipment. The Shops are divided into the Electric Shop, Plumbing and Steamfitting Shop, Tin Shop, Carpenter Shop, Paint Shop, Locksmith, Brickmason, Plasterer, and the Cement Finisher. In addition there are five crews of patients under the supervision of foremen working on ground maintenance and one crew working on wall washing under the supervision of a foreman.

The electricians have been kept busy on routine repairs to motors, switches, lamps, fuses, and work of like nature. New 3/16" rubber mats were installed in front of the main high tension switchboards in all the transformer vaults in all buildings, as required by the Department of Labor and Industry. New 3/4" conduit for lights was installed in the new fire towers and smoke barriers.

In addition to routine maintenance and repair work, the plumbers have installed a 3/4" hydrant for the use of the workmen, and at Doctor Floyd's residence a new cabinet sink was installed in the kitchen. A new 4" by-pass water line was installed in the basement of the new cafeteria so that South 2 Building would have water when the main 8" water line in the rear of North 2 is torn out to make way for the new Female Semidisturbed Patients' Building.

On the third floor of North 2 Building in the hallway, an electrically operated drinking fountain was connected and put in service. In Apartments #1 and #5 new cabinet sinks were installed, and in North 1 Building the number of showers in each shower room was increased from two to five on each floor. A $2\frac{1}{2}$" temporary gas line was installed from the Railroad Station to the creek. A new toilet room was installed at the Garage and also at the new Farm Office.

The steamfitters are kept busy on routine repair to valves, regulators, piping, and work of like nature. Radiators were repaired and kept in operating condition in the various buildings. All institution-owned radiators, covers, valves, railings, and other equipment from North 3 and South 3 Buildings were removed before these buildings were demolished. We stored this equipment under cover in the salvage yard. The old 6" line that goes from the pit in front of South 3 Building down to the main tunnel was tested and found to be in good shape. This line will be used to supply steam to the Senile Buildings during the construction of the new steam tunnels. At the Greenhouse repairs have been made to the worn-out heating system. At South 2 Building a new rail on the ramp was built and installed.

At an institution of this size there is carpenter work to be done at all times. In the Root Cellar at the farm a new vegetable room was built adjacent to the existing one. At the Community Center all damage done by the fire was removed and replaced with new material. Most of the carpenter work was finished on the new office building at the farm.

Painting was done to the interior of various buildings at the institution; also the interior of the Little Store was painted. The exterior of the apartments at Staff Row was painted as well as the exterior of the Superintendent's residence.

The Bricklayer spent part of the biennium on routine repair work.

At the reservoirs on the hill the brick valve pit that was being built to enclose some of the valves was finished. A new four-car garage was built for Staff Apartments, and a new concrete-block office was built at the farm.

Plaster was repaired in various buildings at the institution. Plastering was finished in the wash room at the garage, and the plastering was started at the new farm office. The three new smoke barriers which were erected in North 2 basement were plastered to the ceiling. New water pipes and steam pipes were covered with insulation in the various basements at the institution.

The floors were repaired by the Cement Finisher where needed at the institution; also various sidewalks, steps and porches were repaired or replaced.

The locksmith is kept quite busy repairing locks and cylinders and also installing new locks at the institution. During the biennium 1,962 new and replacement keys were made.

The wall washers are kept busy washing walls and windows in the buildings of the institution.

The personnel of the garage consists of a foreman, mechanic, and six drivers. The equipment consists of an ambulance, three passenger cars, and five trucks. With this equipment patients are hauled, trips are made to Pittsburgh and surrounding area, and all miscellaneous hauling is done for various departments at the institution. A new 24-passenger Ford bus was added to our fleet of cars and trucks for the purpose of transporting the patient workers to and from the farm and later to haul employees to the new Senile Buildings. In a month's time the drivers average 41 trips to Pittsburgh, and 42 ambulance trips, mostly to our own hospital. The total mileage traveled by all cars and trucks attached to the Garage averages about 7,037 miles. Over

947 gallons of gasoline are used in a month's time and about 58 quarts of lubricating oil are used.

The power plant organization consists of the Chief Operating Engineer, Assistant Chief Operating Engineer, nine Operating Engineers, six Apprentice Engineers, and one Attendant with seven patient workers. These men operate and maintain the equipment in the power plant and the refrigeration plant and make necessary repairs to machinery in the laundry, cafeteria, and in the various buildings at the institution.

Steam is produced in the boiler plant by four 600 H. P. Springfield water tube boilers equipped with underfeed stokers, three of which are used in the winter and two in the summer. The maximum steam load during a cold day, February 11, 1951, was 1,682,500 pounds. The minimum steam load experienced during a summer day was 525,375 pounds on August 15, 1951. Steam is used for generation of electric power for the heating of hot water for the laundry and buildings, space heating of the buildings, and for process work in the cafeteria and cannery. Electric power for the institution is generated by two Nordberg uniflow steam engines generating alternating current at 2400 volts, 60 cycles, A.C. three phase. This power is delivered to the various buildings at 2400 volts where it is reduced through transformers to the desired voltage. A stand-by connection is provided at the Power Plant from the West Penn Power Company with sufficient capacity to take care of the electrical load of the institution in case of failure of either or both of the generating units. The lowest electrical load experienced during the past two years was 6,280 kilowatts. The highest was 11,360 kilowatts.

The electrical load of the institution is constantly increasing because of new buildings and more electric equipment in the various buildings; some of the electric power is now being purchased from the local public

utility.

In the boiler room we are now putting in a new catwalk on the top of No. 1 and No. 2 boilers with a stairway on the side of No. 1 boiler. We hope to have this finished in a month or so. All this work is being done by the personnel of the boiler room and the power plant. Also, in the boiler room we put a new damper in No. 4 boiler breaching so we can use either No. 1 or No. 2 smoke stack, and a catwalk to the damper so it can be operated. No. 4 boiler was relined in the furnace. Also, alongside of No. 4 boiler a new floor was put in and a clean-up was made on the side of the boiler to clean the fly ash out without going inside the ash pit. A doorway was cut through the way to No. 3 boiler from No. 4 boiler.

A new coal conveyor and weight larry was installed outside the boiler room in three large silos with a combined usable storage capacity of about 966 tons. Coal is to be delivered from the adjacent coal crusher to the top of these silos by means of endless belts from where it will flow into a storage hopper in the boiler room. From the storage hopper it will be loaded into a weight larry, weighed, and then delivered to the coal hopper on each boiler.

During the past two years 47,816 tons of Pittsburgh Seam Bituminous coal was mined in the Mayview Coal Mine and delivered to the Power Plant, crushed and made ready for use. The total cost of operation for the mine for the past two years was $284,972.70 which includes the cost of labor and materials for the 12 new bulkheads. This results in an average cost of coal of $5.96 per ton. The personnel of the mine consists of the mine superintendent, twenty-one miners, a weighmaster, hoisting engineer, blacksmith, stableman, and an attendant with 6 patient workers. A new overhead pole line and borehole supplying power to the mine was completed by

contract in 1951. The Mine pump was moved to a new location because of the new bulkheads. A new pump house was built and wired, which contains one 4" and one 8" pump. We have put new drainage in the mine, recovered 900 feet of 8" pipe line, and relocated two permanent fire doors at the main intakes.

The Mayview Mine tracing and map have been brought up to date. Every six months the new workings will be shown and added to the tracing in order to comply with the mining law. A new battery-operated mine locomotive has been delivered and is now in use.

During the biennium the following work was done by contract:

The Female Disturbed and Semidisturbed Patients' Building is now under way with 60% of the brickwork finished. The plumbers, electricians, steamfitters, and iron workers are now on the job.

At the Tuberculosis Center the third floor is finished, 75% of the second floor and 50% of the first floor is finished. We still do not have any permanent power to this building, but the contractor expects to have wire by the first of July, 1952.

The Male and Female Senile Patients' Buildings are about completed except for the plumbing. A temporary power line has been provided for these buildings.

The new Steam and Electrical Distribution lines and Tunnel are well under way. The tunnel to the new cafeteria, and the tunnel in the rear of North 2 Annex are about completed.

The new Roadway and Utilities' project for the Senile Buildings has been started. It is to be completed in August, 1952.

The new Dietary Building was placed in use February of 1951.

Construction of the new Sewage Disposal Plant and Collection System has been started.

The new Fire Towers in North 2 and South 2 buildings have been completed.

Work continues on the project for the rewiring of the Laundry-Warehouse Building.

Earl W. McCorkle
Chief Engineer

LAUNDRY SERVICE

For the past two years the Laundry has been able to take care of the ever-increasing flow of work with the aid of two additional employees and the installation of a new eight-roll, chest-type, flatwork ironer in June, 1951. The new ironer along with two other cylinder-type mangles are relied upon for the finishing of the bulk of laundry production.

A new fifty-inch diameter (bottom unloading type) extractor has been purchased from the Ellis Drier Company of Chicago, and the promise for delivery is June 14, 1952. This will be an addition to our present equipment of four large and two small extractors.

Plans are under way to furnish the main floor with new steel shelving and counters, which when materialized will enable the Laundry to have a larger stock of linen, thereby avoiding to a certain extent any delay in deliveries in the event of a breakdown.

We had anticipated that the congestion and crowded condition in the washroom would be somewhat alleviated. This condition still exists and creates unpleasant working conditions especially during inclement weather. It is hoped by the time the next biennium rolls by, a more encouraging report may be submitted regarding this particular need.

Paul Gay
Laundry Manager

STOREROOM ACCOMPLISHMENTS AND ACTIVITIES

The ever-increasing demands in the Storeroom for food and commodity items has made it necessary to have on hand a larger stock of supplies. It was essential that our storeroom storage facilities be changed to the complete separation of food items from commodity items and the storing of each on a separate floor. Food items are requisitioned separately from commodity. This change in the storeroom planning offers the complete processing of each requisition to one location. It has eliminated needless elevator trips from one floor to another to complete the process, and has greatly improved the storage arrangement of our stock for a more accurate inventory control at all times. The general appearance of the entire storeroom is improved.

The rearrangement of the rear platform of our storeroom for the receiving of meats, dairy products and all other food items requiring refrigeration completely eliminates the use of elevator service that formerly traveled three floors to store these items in cold storage.

In addition to the above-mentioned storeroom activities and our routine operations, we have also processed through our facilities during the past two years approximately 8,000 pieces of equipment for new buildings now being erected.

Robert Stafford
Storeroom Manager

THE PATIENTS' "LITTLE STORE"

The day has passed, forever we hope, when a mental institution was a place of incarceration for the mentally ill and nothing more. Today, the accent is on making daily living for the mental patient as near normal as possible within the limitations of hospital facilities and regulations.

The Mayview "Little Store" plays a large and important role in this new approach without adding an extra burden to the taxpayers of the commonwealth. The proceeds of the "Little Store" are used to meet a major part of the expenses of entertainment, spiritual and physical education of the patients in our Mayview community.

Whatever interests the patient had along these lines in his home life can, without too noticeable a change, be transferred with him during the time of his hospitalization. If he enjoyed movies, it is possible for him to see two first-class movies weekly. If he liked to dance, monthly dances complete with orchestra and refreshments are held for his pleasure in the Recreation Center. He can read the latest "best sellers", which can be obtained from the library, while he listens to soft radio music piped to all wards in his building. If he is a television enthusiast, he can watch the programs in television rooms strategically located throughout the hospital. Games and cards are always at his disposal. Church services in his faith are a primary feature of every Sunday.

His need for outdoor activity can be met in various ways. If he is a minor home-run king, he can show his prowess in softball matches scheduled for his benefit; but if he is just an interested spectator, he can enjoy semipro baseball games all summer long at the beautiful community ball field. He can play tennis, if that is his desire, for not only are the courts

provided but also the balls and racquets. And if he believes that "close" doesn't count except in horseshoes, he can pitch many games on the well-tended horseshoe courts to prove it. Memorial Day and Labor Day both give him an opportunity to participate in field events for prizes. Parties at Christmas and Halloween add a homey touch to his enjoyment of the seasons.

None of the aforementioned activities would be possible without the aid of the "Little Store". But other than supplying the things of the spirit for the patient, the "Little Store" has the stock and equipment necessary to supply his small daily needs of the flesh.

Crosby A. Thompson
Steward

MENTAL HEALTH WEEK

In 1951 Mental Health Week was observed at Mayview on May 2nd, 3rd and 4th between the hours of 1:00 and 4:00 P. M. A tour through the new cafeteria was featured and the public given an opportunity to see the progress made on the construction of four new and modern buildings with a total capacity of one thousand beds.

Mental Health Week was observed throughout the state from May 4 to May 10, 1952 by proclamation of the Governor. Mayview presented a diversified program. On Wednesday, May 7th, a one-act play was presented in the auditorium of the Bridgeville High School with a short panel discussion following. The skit was staged by Bridgeville High School students and over five hundred of them participated in the program. The play was repeated the same evening for the adult population of Bridgeville and a panel discussion followed. Following are the members of the hospital staff who took part in the discussion:

Otto E. Ramik, M. D., Assistant Superintendent

Miss Grace L. Humitsch, R. N., Instructor of Nursing

Miss Dorothy A. Vogeley, Director of Social Service

Mr. Alvin R. Talkoff, Psychologist

On Friday, May 9th, from 1:00 to 3:30 P. M. the hospital held open house for the public. Tours, demonstrations and exhibits were arranged for the visitors who came from all parts of Allegheny and Washington Counties.

Crosby A. Thompson
Steward

STATISTICS

Mayview State Hospital

MOVEMENT OF POPULATION

Figures and Comments for the Fiscal Year Ending May 31, 1951

	MALE	FEMALE	TOTAL
ADMISSIONS			
First Admissions	404	320	724
Readmissions	70	73	143
Transfers	18	22	40
Total Admissions	492	415	907
Direct Commitment	111	180	291
Voluntary	5	5	10
Court Commitment	29	10	39
Transfers from hospitals in Pennsylvania	18	22	40
Observations from Allegheny County Jail	305	166	471
Emergency Observations	24	32	56
Total Admissions	492	415	907
Nonresidents	100	59	159
Patients 60 years of age and over	155	138	293
DISCHARGES AND DEATHS			
Improved	110	140	250
Unimproved	73	51	124
Without Psychosis	105	43	148
Transfers to Hospitals in Pennsylvania	7	4	11
Deaths	193	156	349
Total Discharges and Deaths	488	394	882
OBSERVATION SERVICE			
Admitted from Allegheny County Jail	305	166	471
Admitted as Emergency Cases	24	32	56
Total Observations	329	198	527
Committed from Observation	221	156	377
Discharged from Observation	100	42	142
Died during Observation Period	8		8
Total	329	198	527
Committed and Transferred to Woodville State Hospital	50	39	89
County Residents not committed	21	6	27
SUMMARY			
Total number of patients on register 5/31/50	1712	1732	3444
Admissions from 6/1/50 to 5/31/51	492	415	907
Total number of patients treated	2204	2147	4351
Discharges and Deaths from 6/1/50 to 5/31/51	488	394	882
Total number of patients on register 5/31/51	1716	1753	3469
On Leave and Elopement 5/31/51	141	186	327
Population as of May 31, 1951	1575	1567	3142

MOVEMENT OF POPULATION

Figures and Comments for the Fiscal Year Ending May 31, 1952

	MALE	FEMALE	TOTAL
ADMISSIONS			
First Admissions	384	336	720
Readmissions	64	83	147
Transfers	9	18	27
Total Admissions	457	437	894
Direct Commitment	119	193	312
Voluntary	11	10	21
Court Commitment	20	13	33
Transfers from hospitals in Pennsylvania	9	18	27
Observation Cases from Allegheny County Jail	273	177	450
Emergency Observation Cases	25	26	51
Total Admissions	457	437	894
Nonresidents	79	48	127
Patients 60 years of age and over	124	124	248
DISCHARGES AND DEATHS			
Improved	119	137	256
Unimproved	50	34	84
Without Psychosis	106	57	163
Transfers to hospitals in Pennsylvania	3	3	6
Deaths	153	161	314
Total Discharges and Deaths	431	392	823
OBSERVATION SERVICE			
Admitted from Allegheny County Jail	273	177	450
Admitted as Emergency Cases	25	26	51
Total Observations	298	203	501
Committed from Observation	187	149	336
Discharged from Observation	105	54	159
Died during Observation Period	6		6
Total	298	203	501
Committed and Transferred to Woodville State Hospital	42	21	63
County Residents not committed	20	4	24
SUMMARY			
Total number of patients on register 5/31/51	1716	1753	3469
Admissions from 6/1/51 to 5/31/52	457	437	894
Total number of patients treated	2173	2190	4363
Discharges and deaths from 6/1/51 to 5/31/52	431	392	823
Total number of patients on register 5/31/52	1742	1798	3540
On Leave and Elopement 5/31/52	158	200	358
Population of hospital as of May 31, 1952	1584	1598	3182

OPERATING ROOM RECORD

June 1, 1950 to May 31, 1952

OPERATION	JUNE 1, 1950 TO MAY 31, 1951	JUNE 1, 1951 TO MAY 31, 1952	TOTAL
Herniorrhaphy	11	17	28
Lobotomy	12	8	20
Multiple Bilateral Exploratory Trephine		1	1
Cataract Extractions	5	11	16
Dacrocystectomy		1	1
Enucleation		1	1
Cyclodialysis		1	1
Plastic Surgery to Eyelid		1	1
Amputations (leg, arm)		1	1
Appendectomy	5	1	6
Vein Ligation	2	1	3
Prolapse Rectum	1		1
Laminectomy	1	1	2
Hysterectomy	4	1	5
Sub-Total Hysterectomy with Bilateral Salpingo-Oophorectomy		1	1
Suprapubic Prostatectomy	2	1	3
Osteotomy	1	1	2
Reconstructions (hip, shoulder)	2	1	3
Bone Graft		1	1
Bankart Operation		1	1
Transplantation of Patellar Tendon		1	1
Open Reductions (hip, leg)	12	5	17
Cross Leg Skin Graft Flap		1	1
Thyroidectomy	1	3	4
Mastectomy	1	1	2
Exploratory Laparotomy		6	6
Lumbar Sympathectomy		2	2
Mastoidectomy		1	1
Pylorectomy		1	1
Totals	61	72	133
Major Cases	68	76	144
Minor Cases	55	83	138
Blood Transfusions	50	51	101
Eye Clinic	373	520	893

X-RAY REPORT

June 1, 1950 to May 31, 1952

X-RAYS	JUNE 1, 1950 TO MAY 31, 1951	JUNE 1, 1951 TO MAY 31, 1952	TOTAL
Routine Chest	1167	1007	2174
Routine Fractures and Other Pathology	369	378	747
Special Examinations	31	36	67
Totals	1567	1421	2988

Mayview State Hospital

DENTAL REPORT

June 1, 1950 to May 31, 1952

SERVICES	TOTAL
Extractions	2947
Fillings	594
X-Rays	483
Upper and Lower Dentures Inserted	141
Denture Impressions	201
Dentures Adjusted	650
Dentures Repaired	210
Dentures Relined	48
Treatments	928
Prophylaxis	1093
Bed Treatments	77
New Patients Examined	1478
Total Number of Patients Cared for	3727
Total Examinations Given	3727

Mayview State Hospital

OCCUPATIONAL AND INDUSTRIAL THERAPY

A survey covering the 20-month period ending May 31, 1952 of 147 women in the recently admitted and intensive therapy category for whom Occupational Therapy prescriptions were written provides the following information.

Time in Occupational Therapy Shop	
1 month or less	88
2 months	46
3 months or over	40
Transfers to Industrial Therapy	69
Leave from Hospital	
General leave from Occupational Therapy	46
General leave from Industrial Therapy	27
Temporary leave	8
Direct Discharge	11
Died in Hospital	1
Return from General leave	5
Remain in Hospital	
Occupational Therapy	35
Industrial Therapy	27
Inactive	24

In reporting the number of individual persons participating in the Occupational and Industrial Therapy groups, some patients may be counted more than once because of transfers or reassignments. Where check lists are used, the count is more accurate than are the verbal reports of patients employed on the wards.

OCCUPATIONAL AND INDUSTRIAL THERAPY

June 1, 1950 to May 31, 1952

OCCUPATIONAL THERAPY		TOTAL INDIVIDUAL PATIENTS		AVERAGE PARTICIPANTS PER MONTH	
Shops	Group Descriptions	Women	Men	Women	Men
Women's Shop:	recent admissions receiving intensive therapy, others of fair degree of integration	239		39	
South 3	(3 months) geriatric	19		16	
1 A Shop:	chronic and deteriorated	35		12	
4 B Shop:	overactive	94		24	
6 B Shop:	(3 months) new admissions including observations	43		26	
Mending Room:	chronic women in semi-industrial therapy	55		23	
Ward 12:	men receiving intensive therapy		115		18
Industrial:	chronic and geriatric		66		27
Print Shop:	chronic and convalescent		4		2
Farm and Cannery:	(Seasonal) deteriorated	112	47	36	14

OCCUPATIONAL AND INDUSTRIAL THERAPY

June 1, 1950 to May 31, 1952

INDUSTRIAL THERAPY		TOTAL INDIVIDUAL PATIENTS		AVERAGE PARTICIPANTS PER MONTH	
Departments	Activities	Women	Men	Women	Men
Laundry	washing, sorting, mangling, trucking	166		71	66
Cafeteria	food preparation, serving, baking, dish washing, trucking	99		101	151
Housekeeping	ward routine, residence and office cleaning	503		195	216
Central Supply	dressings, cleaning	8		3	
Little Store	serving, dish washing, delivery	3		2	6
Hydrotherapy	care of linens, supplies, cleaning	6		4	
Linen Room	laundry sorting, care of clothing	7		4	7
Sewing Room, Tailor Shop	garment making	123		45	11
Laboratory	washing glassware, cleaning	1		1	1
Maintenance	assisting electrician, plumber, carpenter, tinner, painter, miner, engineer, blacksmith, grounds-keeper, exterminator, etc.				96
Farm	general, hennery, piggery, dairy, greenhouse, orchards, trucking				83
Storeroom	helpers in general stores, drug room, milk room, butcher shop				10
Messengers	administrative errands, etc.				9
Utility	special detail				142

OCCUPATIONAL AND INDUSTRIAL THERAPY

The therapeutic aspect of patient activity is of primary consideration. Activities or projects of the therapeutic shops include several types of needlework, knitting, crocheting, weaving, painting, wood and metal craft, ceramics and textile decoration. The products are used by patients and in departments throughout the hospital, none being sold. They include rugs, table covers, bed spreads and quilts, towels, lampshades, bed screens, sweaters, scarfs, mittens and caps, ash trays, vases, book ends, etc. Holidays such as Easter, Christmas and Hallowe'en were noted by the decoration of eggs, and the making of tree ornaments, costumes and out-of-door scenes.

The production of the Mending Room is noted in the garments which were repaired for men. Bags of clothing were sorted, after which 31,747 garments were put into wearable condition and the rest condemned for replacement. All condemning of women's clothing is also done in this shop.

Industrial Shop

Products	Amount
Mops	3385
Brooms	3412
Mattresses	1250
Window shades	562
Pillows	440
Whisk brooms	193
Other Activities	
Beds repaired	2235
Springs woven	43
Mattresses repaired	174
*Mattresses sterilized	2369
*Pillows sterilized	1136
Window shades repaired	316
*Paper baled	8395#
Rags baled	17835#
Cotton baled	14934#

*Discontinued

OCCUPATIONAL AND INDUSTRIAL THERAPY

A total of 293 forms were printed and supplied to all departments, the number of impressions being 1,286,866. The last Biennial Report, June 1, 1948 to May 31, 1950, was printed here after the copy was set by linotype. The Christmas cards for patients, announcements and invitations for Pennsylvania and Mental Health Weeks, the Civilian Defense Charts, the "Summary of Regulations for the Nursing Department" in pamphlet form were printed here in addition to the standard forms.

RELIGION AND RECREATION

June 1, 1950 to May 31, 1952

ACTIVITIES	JUNE 1, 1950 TO MAY 31, 1951	JUNE 1, 1951 TO MAY 31, 1952	TOTAL
Religious Services (Catholic, Protestant, Vesper and Prayer Meetings)	164	158	322
Ward Singing by Patients' Choir	27	27	54
Religious Groups' Visits from Pittsburgh	73	66	139
Critically Ill Calls (Catholic, Protestant)	420	382	802
Chapel Sound Movies	100	103	203
Ward Movies	57	6	63
Recreation Classes	146	261	407
Patients' Dances	22	20	42
Football Games	4	0	4
Softball Games	12	37	49
Baseball Games	18	15	33
Christmas Parties for Patients	5	5	10
Picnics for Patients	9	9	18
News Bulletins Issued	52	52	104
Christmas Leaflet	1	1	2
Holiday Field Events	2	2	4
Veterans' Parties and Shows	1	4	5
Stage Plays	2	7	9
Talent Shows	5	2	7
Band Concerts	1	7	8
Fun Nights	0	2	2
Patients' Treats	0	30	30
Totals	1121	1196	2317

PERSONNEL

Director	1
Stenographer Clerk	1
Recreation Attendants	7
Summer Attendants	5

LAUNDRY

June 1, 1950 to May 31, 1952

Operation of the laundry is under the supervision of the laundry manager and 17 employees. There are 125 patient workers assisting in this department daily.

Production of the laundry for the biennium was 8,039,985 pieces or 6,841,753 pounds, dry weight.

We serve a total population of approximately 4,850, which includes both State and County divisions.

EQUIPMENT	AMOUNT
Washing machines	6 large and 2 small
Extractors	4 large and 2 small
Drying tumblers	3 large and 2 small
Flatwork ironers	3 large and 1 small (single roll)
Garment presses	19
Handkerchief ironer	1
Sock and stocking dryer	1

SOCIAL SERVICE ACTIVITIES

June 1, 1950 to May 31, 1952

INTERVIEWS	FAMILY	PATIENT	INVESTIGATORY EMPLOY-MENT	INVESTIGATORY BOARDING HOME	PATIENTS EMPLOYED	INTERVIEW PLACE-MENT	INTERVIEW BOARDING HOME	OTHER	IN	OUT	TOTAL
Hospital and Jail											
New admissions	1531	821						317			2669
Active	554	2384						442			3380
Prerelease	266	296						29			591
Discharged	80	125						16			221
Other	80	44						35			159
Totals	2511	3670						839			7020
Leave Clinic	501	843						60			1404
Totals	3012	4513						899			8424
VISITS											
Community											
New admissions	11	5	12		3			27			58
Active	10	6	13	10	5		2	29			75
Prerelease	4	4	4	4				3			19
Released	16	92	9	3	8	51	9	65			253
Discharged	1	1						3			5
Other	1	1			1			1			4
Totals	43	109	38	17	17	51	11	128			414
Phone Calls									7442	9343	16785
Letters									1993	3290	5283
Total Social Service Contacts											30906

PLACEMENTS

EMPLOYMENT	MEN	WOMEN	TOTAL
Shadyside Hospital	2		2
St. Barnabas Free Home for Men and Boys	1		1
United Presbyterian Home for Aged		3	3
Western Pennsylvania Home for Blind		3	3
Private Homes - Domestic work		9	9
Patients' personal associates - Patient finding his own job	1		1
Former Employer - Photographer who rented room for patient	1		1
Private Farm - Washington County	2		2
Totals	7	15	22

OTHER PLACEMENTS			
Patients' personal funds for maintenance in boarding homes & rooming houses, one at own request in House of Hospitality.	9	2	11
Receiving Public Assistance in boarding homes and rooming houses	10	3	13
Little Sisters of the Poor	3	1	4
St. Barnabas Free Home for Men and Boys, for convalescent care and later admitted to a Veterans Facility	1		1
Totals	30	21	51

SUMMARY			
Returned	7	7	14
Discharged	7	3	10
Remain in Placement	16	11	27
Totals	30	21	51

PLACEMENTS

REASONS FOR RETURN	MEN	WOMEN	TOTAL
Recurrence of mental illness (1 woman also in need of physical care)	3	4	7
Physical condition impaired	1		1
Unsatisfactory adjustment	1	3	4
Pending hospitalization of employer	1		1
Resumed alcoholism	1		1
Totals	7	7	14

DISCHARGED			
By Order of Court	3		3
Non-resident, disappeared from private home employment		1	1
Termination of general leave	4	2	6
Totals	7	3	10

PSYCHOLOGICAL ACTIVITIES

June 1, 1950 to May 31, 1952

Table 1. Age Distribution of Patients Tested

AGE CATEGORY	FEMALES	MALES	TOTAL
11-15	2	1	3
16-20	15	24	39
21-25	32	40	72
26-30	32	45	77
31-35	32	36	68
36-40	27	42	69
41-45	15	28	43
46-50	14	28	42
51-55	3	11	14
56-60	5	7	12
61-65	0	0	0
66-70	0	1	1
71-75	0	2	2
76-80	0	1	1
81-85	1	0	1
86-90	0	1	1
TOTALS	178	267	445

Table 1 (Continued), Summary

FEMALES		MALES	
N	- 178	N	- 267
M	- 32.8	M	- 34.4
Q	- 6.7	Q	- 8.6

Total N - 445

The above statistical material indicates that a total number (Total N) of 445 patients was seen. Of these, 178 (Female N) were women and the remaining 267 (Male N) were male patients. The average age (Female M) of the female patients tested was 32.8 years. The average age (Male M) of the male patients tested was 34.4 years. The middle fifty percent of the female patients seen (Female Q) ranged in age from 26.1 to 39.5 years of age. The middle fifty percent of male patients seen (Male Q) ranged in age from 25.8 to 43.0 years of age. Two female patients below 15 years and one above 81 years of age were seen. Among the male patients, one falls below 15 years and one above 86 years.

Table 2. Number of Individual Psychological Tests Administered and Totals in Related Categories

TESTS	INTELLIGENCE AND ASSOCIATED FUNCTIONS	PERSONALITY	PERCEPTUAL MOTOR	OCCUPATIONAL AND APTITUDE	TOTAL
Wechsler-Bellevue Intelligence	222				222
Rorschach Psychodiagnostic		409			409
Human Drawings		335			335
Bender Visual-Motor Gestalt			189		189
Goldstein-Scheerer Color Form			101		101
Thematic Apperception		33			33
Story Telling		1			1
Szondi		10			10
Wechsler Memory Scale	15				15
Wechsler Block Designs			8		8
Object Assembly				1	1
Rotters Incomplete Sentences		14			14
Stanford-Binet Intelligence	6				6
Occupational Interest Inventory				6	6
General Clerical, Advanced A				1	1
Vineland Social Maturity	1				1
Revised Beta	2				2
Vigotsky			2		2
Levy Movement Cards		2			2
Kent E-G-Y		1			1
Totals	246	805	300	8	1359

REPORT OF TOTAL EXPENDITURES

OBJECT CLASSIFICATION

June 1, 1950 to May 31, 1951 - June 1, 1951 to May 31, 1952

OBJECT	1951	1952
Salaries	$ 1,224,763.87	$ 1,355,279.50
Wages	342,888.60	418,723.45
Fees	30,399.82	32,319.15
Printing and Stationery	2,692.04	3,782.25
Food and Forage	546,032.33	621,030.24
Materials and Supplies	245,323.72	325,851.16
Traveling Expenses	2,694.25	3,962.53
Motor Vehicle Supplies and Repairs	6,703.37	25,051.92
Freight, Express and Cartage	47.58	90.28
Postage	1,114.40	1,426.49
Telegraph and Telephone	8,780.09	9,912.86
Newspaper Advertising		108.31
Light, Heat, Power, Water, Sewage	41,234.95	46,202.14
Contracted Repairs	4,560.71	7,594.77
Rent of Real Estate	2.00	10.41
Rent of Equipment	970.73	1,433.92
Insurance and Surety Bonds	10,909.27	8,794.19
Maintenance Services and Expense	37,849.97	38,981.33
Livestock	60.00	220.00
Equipment and Machinery	61,338.60	30,106.93
Contracted Building and Construction	14,907.00	2,612.00
Advance Requisitions	1,378.11#	4,000.00
Stores Account	67,697.25	45,676.38
Cost Applicable to County	83,029.49#	93,057.84#
TOTALS	$ 2,566,562.95	$ 2,890,112.37

#Credit

REPORT OF TOTAL EXPENDITURES
FUNCTION CLASSIFICATION

June 1, 1950 to May 31, 1951 - June 1, 1951 to May 31, 1952

FUNCTION	1951	1952
Administration	$ 129,285.95	$ 140,972.27
Care of Patients	994,761.90	1,104,342.30
Auxiliary Activities	44,365.74	50,654.84
Household	703,212.06	904,003.33
Plant and Grounds	432,674.92	495,264.31
Agricultural Activities	103,496.64	112,990.63
OPERATING TOTAL	$ 2,407,797.21	$ 2,808,227.68
Replacements and Improvements	$ 32,021.92	$ 13,939.63
Acquisition of New Capital	60,424.68	18,268.68
CAPITAL TOTAL	$ 92,446.60	$ 32,208.31
Advancement Fund	$ 1,378.11#	$ 4,000.00
Stores Account	$ 67,697.25	$ 45,676.38
GRAND TOTAL	$ 2,566,562.95	$ 2,890,112.37
Patient Days	1,150,792	1,164,754
Operating Cost Per Capita	$ 2.0922	$ 2.4110

#Credit

REPORT OF TOTAL INCOME
DERIVED FROM OPERATION OF THE INSTITUTION

TYPE OF INCOME	1951	1952
Full Pay	$ 91,490.71	$ 124,443.31
Part Pay	50,636.55	74,100.61
Miscellaneous	3,490.49	2,310.34
Accounts Prior to 6/1/41	213.15	582.23
TOTAL	$ 145,830.90	$ 201,436.49
Average Per Capita Income	$ .1267	$ .1729

Mayview State Hospital

Mayview State Hospital

AGRICULTURAL ACTIVITIES

EARNINGS AND EXPENSES

June 1, 1950 to May 31, 1951

	EARNINGS	APPROPRIATION EXPENSES	PRODUCED EXPENSES	TOTAL EXPENSES	PROFIT OR LOSS
Farm	$ 26,985.78	$ 53,091.33	$ 2,114.31	$ 55,205.64	$ 28,219.86*
Piggery	14,431.56	4,201.43	2,339.93	6,541.36	7,890.20
Hennery	19,696.43	16,080.17	3,011.83	19,092.00	604.43
Truck Garden	28,269.47	7,907.72		7,907.72	20,361.75
Dairy	37,537.13	22,215.99	12,725.02	34,941.01	2,596.12
TOTALS	$ 126,920.37	$ 103,496.64	$ 20,191.09	$ 123,687.73	$ 3,232.64

June 1, 1951 to May 31, 1952

	EARNINGS	APPROPRIATION EXPENSES	PRODUCED EXPENSES	TOTAL EXPENSES	PROFIT OR LOSS
Farm	$ 31,958.28	$ 57,693.76	$ 1,663.79	$ 59,357.55	$ 27,399.27*
Piggery	19,156.52	4,737.99	646.58	5,384.57	13,771.95
Hennery	19,727.82	19,926.57	1,485.01	21,411.58	1,683.76*
Truck Garden	26,668.34	8,163.12		8,163.12	18,505.22
Dairy	36,787.05	22,469.19	12,458.80	34,927.99	1,859.06
TOTALS	$ 134,298.01	$ 112,990.63	$ 16,254.18	$ 129,244.81	$ 5,053.20

*Loss

PERSONNEL TURNOVER

June 1, 1950 to May 31, 1951 - June 1, 1951 to May 31, 1952

SALARY AND WAGE PAYROLLS	1951	1952
Average Number Employees	645	691
Appointments	198	327
Leave of Absence	34	54
Return from Leave of Absence	20	42
Resignations	188	254
Dismissals	17	18
Deaths	7	9

NAME OF EMPLOYEE	PAYROLL TITLE	DATE OF DEATH
Steve Saver	Attendant	5/27/50
William Hohn	Attendant	8/5/50
Carrie E. Foulk	Laundress	9/4/50
Joseph V. Reed	Attendant	10/21/50
Hazel R. Sibilia	Charge Attendant	1/8/51
George Rothleder	Attendant	3/10/51
Joseph P. Good	Carpenter	3/16/51
John Novelly	Attendant	6/26/51
John M. Micklege	Truck Driver	8/17/51
Jean C. Aubrey	Attendant	9/2/51
Marian N. Morris	Charge Attendant	9/3/51
William J. Martsolf	Carpenter	9/3/51
Peter P. Stankus	First Cook	11/2/51
Joe M. Curtis	Attendant	1/16/52
James J. Walsh	Attendant	3/31/52
Samuel M. Herriott	Laundry Helper	5/13/52

A COMPARATIVE STUDY OF ANNUAL EXPENDITURES SHOWING THE TREND OF COST OF OPERATION

	6/1/49 5/31/50	%	6/1/50 5/31/51	%	6/1/51 5/31/52	%
Professional Care*	1,015,908.38	43	1,039,127.64	43	1,154,997.14	41
Dietary**	694,824.53	30	715,574.62	30	860,265.55	31
Housekeeping and Laundry	110,333.75	5	91,134.08	4	156,728.41	5
Maintenance***	400,823.92	17	432,674.92	18	495,264.31	18
Administrative	119,993.44	5	129,285.95	5	140,972.27	5
TOTALS	2,341,884.02	100	2,407,797.21	100	2,808,227.68	100
Patient Days	1,132,160		1,150,792		1,164,754	
Cost Per Patient Day	2.0685		2.0923		2.4110	

* Salaries, drugs and supplies in connection with the operation of Medical, Nursing, X-Ray, Laboratory, Therapy, Social Service, and Auxiliary Activities.

** The total production of the farm is used by the Dietary Department; the cost of operating the farm, therefore, is included in the dietary cost. The cost figures cover the processing, preparing, and distributing of food for patients and employees residing on the hospital grounds, as well as one meal per day for employees receiving partial maintenance.

*** Includes utilities, maintenance upkeep, care of grounds and repairs to building and equipment.

STUDY OF

COMPARATIVE COSTS

PER PATIENT - PER DAY

	1948	1949	1950	1951	1952
Professional Care	$ .74	$ .90	$ .90	$ .90	$ .99
Dietary	.59	.61	.61	.62	.75
Housekeeping and Laundry	.09	.10	.10	.08	.13
Maintenance	.33	.35	.36	.38	.42
Administrative	.09	.11	.10	.11	.12
TOTALS	$1.84	$2.07	$2.07	$2.09	$2.41

PATIENTS' FUND ACCOUNT

	1951	1952
Cash in Savings Account	$ 33,779.94	$ 34,118.58
Cash in Checking Account	21,944.02	23,506.61
TOTAL	$ 55,723.96	$ 57,625.19
Number of patient Accounts	1207	1043*

*During 1952 all accounts under $1.00 were closed.

Mayview State Hospital

APPENDIX

Mayview State Hospital

CRITERIA FOR THE ADMISSION OF PATIENTS TO MAYVIEW STATE HOSPITAL

Following are the general principles to be considered in arranging for the admission of patients to this hospital:

1. The patient must have legal residence in the City of Pittsburgh; i. e., the patient must have resided within the City limits for at least one year prior to date of application for admission.

2. The patient must show evidence of mental illness ("'Mental illness' shall mean an illness which so lessens the capacity of a person to use his customary self-control, judgment and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under care. The term shall include 'insanity,' 'unsoundness of mind,' 'lunacy,' 'mental disease,' 'mental disorder,' and all other types of mental cases, but the term shall not include 'mental deficiency,' 'epilepsy,' 'inebriety,' or 'senility,' unless mental illness is superimposed." Mental Health Act of 1951, Section 102).

3. Nonpsychotic inebriates, either alcoholics or drug addicts, are admitted as court commitments under Act 507 (1951). (Those who are psychotic may of course be admitted on a regular commitment—Form WMH 1). The commitment of a drug addict by Court order must be approved by the Board of Trustees. The commitment may be extended for a period of not more than two years.

4. It should be emphasized that, as indicated under paragraph 2 above, "senility" is not a sufficient reason for admission. (Senility is generally characterized by self-centering of interests, reminscence, and difficulty in assimilation of new experiences so that there is forgetfulness of recent occurrences; childish emotional reactions are prominent, irritability aroused on slight provocation. Such mental states may best be classified under a

heading "senility" in the group 'without psychosis,' rather than with the senile psychosis.

5. Mental defectives or epileptics who show psychotic symptoms may be admitted either for temporary observation (up to 21 days) or by regular commitment.

6. Patients may sign a voluntary commitment if it is found "that the applicant is mentally competent to make such application and that he is in need of care and will be benefited by admission" to the hospital (Mental Health Act of 1951, Section 302).

7. The following mentally ill individuals should be given priority in admission:

a. Suicidal patients.

b. Young patients whose illness is of recent origin and who show promise of being helped by available therapy.

c. All mentally ill patients confined to general hospitals.

8. In general it will be the policy to admit as quickly as possible all mentally ill patients regardless of age, as long as they are legal residents of the City of Pittsburgh and it can be shown that they will benefit by care in a mental hospital.

9. Patients will not be placed on a waiting list unless absolutely necessary. If a patient is not suitable for care--if the patient shows only senility, for example--the relatives will be informed that he or she cannot be admitted.

10. Individuals under 70 years of age who are thought to be mentally ill and who present an emergency problem to their family or to the community may be admitted immediately for temporary or emergency observation (up to 21 days) according to the regulations established to handle these cases.

11. The relatives or other persons responsible for the support of nonindigent patients who are admitted for temporary or emergency observation should be informed that they will be responsible for notary fees and will also be directly billed for the regular commitment fees by the two visiting psychiatrists concerned.

12. The commitment of criminals or persons charged with crime will usually be handled through the Allegheny County Behavior Clinic. Such patients, if residents of the City of Pittsburgh and not of criminal tendency, will be admitted as quickly as possible.

April 14, 1952

EMERGENCY OBSERVATION FACILITIES AT MAYVIEW STATE HOSPITAL: PROCEDURE FOR ADMISSION AND DISCHARGE UNDER SECTIONS 314 AND 315, MENTAL HEALTH ACT OF 1951

These rules in no way alter the procedure now in effect for the admission of such observation cases from the Allegheny County Jail nor the regulations now in effect for the direct commitment of patients on the signature of two physicians under Section 311 of the Mental Health Act of 1951.

1. The request for an emergency admission to Mayview State Hospital may be initiated by the patient's physician by telephone to the Superintendent or Assistant Superintendent if the physician feels that the patient is suffering from a mental illness, that it is an emergency situation, and if the patient is a legal resident of the City of Pittsburgh and is under 70 years of age. (Telephone: Bridgeville 905)

2. If the request is approved, the patient's family or close friend must accompany the patient to the hospital in order to furnish an adequate social history. They will also bring the TEMPORARY COMMITMENT FORM WMH #29 fully completed by a relative or friend and by a qualified physician.

3. When the patient is brought to the hospital the accompanying friend or relative must have the TEMPORARY COMMITMENT FORM approved at the Administration Building where a card admitting the patient to the Observation Ward will be issued.

4. Upon receipt of the temporary commitment form, the Superintendent may receive and detain the patient for temporary care and observation for a period of not more than 21 days.

5. If it is found during the observation period that the patient does not require care in a mental hospital, the petitioner responsible for the patient's admission will be notified to remove the patient by a given date.

6. If, however, it is found after examination that the patient requires further hospitalization, the petitioner will be notified to apply to the Superintendent for the patient's regular commitment. In the event of the petitioner's default in the completion of this procedure the patient may be discharged from the hospital.

7. In the case of non-indigent patients the cost of commitment procedures, if required at the end of the observation period, will be borne by those liable for the patient's support.

4/23/52

Mayview State Hospital

A SUMMARY OF PERSONNEL PRACTICES FOR SALARIED EMPLOYEES

All hospital activities center on the PATIENT. Thus, all persons connected with the hospital must continually maintain a humane attitude which places the patient's welfare first. Courtesy, consideration, and tact are expected and go a long way towards contributing to the comfort and recovery of the sick entrusted to our care. Whether or not the employee comes in direct contact with patients, it must be remembered that all employees are part of the hospital team and that the work of each one is an important link in the care of the mentally ill.

SICK TIME

Fifteen days' sick leave with pay may be granted annually to all persons employed one year or longer. Those who have been employed for a period of three months but less than a year prior to the illness will be granted a day and a quarter for each month of service. Sick time is not accumulative from year to year. In order for employees to receive credit for sick time they must notify the head of their department the first day of illness otherwise they will be marked "absent." Upon returning to duty, employees must also furnish a physician's certificate covering the period of illness. Sick certificates, if signed by a staff physician, must be obtained before the employee goes off duty and must indicate specifically the number of sick days up to three that the physician recommends. Employees sent off duty because of illness will be marked according to the length of time they have worked that day; i. e., 4 hours or under -- one-half day; over four hours -- one day. In the event of a death or serious illness in an employee's family, sick leave, not to exceed three days, may be requested through the department head.

INJURIES ON DUTY

Accident blanks must be completed by or for all employees injured on duty and must be in the superintendent's office within 24 hours after the accident. Employees injured while on duty will be marked for a full day and the following day will be marked "injured." Employees injured on duty, if the injury is approved as compensable, will be paid by the hospital for the first seven consecutive days that the employee is off duty and by compensation insurance after the seventh day and until the employee is discharged from compensation. Employees off duty seven days or less because of a compensable injury must present a doctor's certificate covering the period lost. This certificate is not required when the employee goes on compensation after seven days.

SUNDAYS

All salaried employees are marked off duty on Sundays on the payroll time sheets. If an employee is absent on a Sunday he will be marked absent on Monday. If an employee is ill on Sunday that will be his day for the week and he will not receive another day off during that week. If an employee begins his vacation on Sunday, that day will be marked "day for the week" and his vacation will start on Monday.

VACATIONS	Each employee will receive 15 vacation days in a year's time dating from the first day of employment. Seven vacation days will be given after the first six months of employment. Eight vacation days will be given after the second six months of employment. At the discretion of the department head the employee may, however, elect to take his full 15 vacation days at one time after he has been employed for one year. Vacations cannot be postponed or allowed to accumulate from year to year.
HOLIDAYS	Thirteen holidays are granted employees each year. These holidays must be taken during the month in which they fall. Any employee working one-half day on a holiday falling on Saturday is owed only one-half holiday. Only one holiday will be permitted with each vacation unless special permission is granted by the department head.
OVERTIME	Overtime in excess of the specified number of regular working hours per week will be paid at hourly rates equivalent to the employee's annual salary. It will be calculated on the employee's salary including maintenance. This does not apply to farm workers for seasonal excess hours which are offset by slack seasons, nor is it intended to apply to casual overtime which might be required from office workers or others, nor to the administrative staff.
LEAVES OF ABSENCE	Extended leaves of absence without pay can be granted only in exceptional cases and must be approved by the Superintendent upon recommendation of the department head.
TRANSFER	An employee desiring transfer to another department must make the necessary arrangements with his Department Head and with the head of the department to which he wishes transferred. (See "Interdepartmental Transfer of Employees" July 3, 1951)
RETIREMENT FUND	All employees under 50 years of age must join the Pension Fund after 6 months' employment. Those over 50 may join if they so desire.
HEALTH SERVICE	Every employee is required to pass a health examination after employment. This service is free and is designed for the employee's protection and well-being. Employees who become ill or are injured on duty will be given emergency care or first aid by one of the hospital physicians. The employee is then referred to his own physician for further treatment.
GUESTS	Employees desiring overnight guests or guests in the dining room are asked to obtain a guest permit through the Superintendent's Office. Employees must not take members of their family or visitors through the hospital without permission from the Superintendent's Office.
MEALS	Employees who eat in the Central Cafeteria are served the number of meals designated by their meal ticket: Blue, 1 meal; White, 3 meals. These meal tickets are the same as money and

care should be taken that they are not lost. Employees are served meals only on the shift they work unless they are working overtime and then a special meal ticket is given them. Hours for serving meals are as follows:

Breakfast	6:15 a.m.	to	8:30 a.m.
Lunch	11:15 a.m.	to	12:30 p.m.
Dinner	4:15 p.m.	to	5:30 p.m.
Midnight lunch	12:00	to	1:30 a.m.

TELEPHONE — A telephone pay station is located on the first floor of each of the employees' buildings and in several of the hospital buildings. Employees are not permitted to receive or make telephone calls while on duty. No incoming telephone calls are permitted after 11:00 p.m. except in emergencies such as sickness or death.

APPLIANCES — The use of electric irons or stoves is not permitted in the employees' rooms. Facilities for cooking or doing personal laundry are located in the basements of the employees' residences.

SMOKING — Smoking is permitted in the employees' rooms provided the necessary precautions are taken against fire. Employees are requested not to smoke in bed. Any loss or damage by fire due to disobedience of this request <u>is payable by the employee</u>.

KEYS — Employees are responsible and must sign for their keys. If the keys are lost a charge will be made for each key. All lost keys are to be reported immediately to the Department Head. All keys must be returned before employment can be terminated. Hospital keys should <u>never</u> be given to a patient.

INFORMATION — Information concerning the condition, care or treatment of any patient or patients should be held in strict confidence and should never be discussed with employees not directly responsible for the care and treatment of the patient or patients. Employees are cautioned not to gossip about patients when they leave the hospital. Information to newspapers is restricted to certain designated employees and all other personnel are prohibited from issuing such information.

CONDUCT — Gambling or the use of alcoholic beverages on the hospital premises is not permitted. Any employee reporting for duty in an intoxicated condition will be subject to suspension or dismissal.

ECONOMY — The same principle of economy, order, and efficiency which regulates a well-conducted private enterprise shall prevail in this hospital, and a disposition toward extravagance or wastefulness in any form shall disqualify any person from employment.

1951

(An extended copy of this summary has been printed in pamphlet form for distribution to the employees.)

A SUMMARY OF REGULATIONS FOR THE DEPARTMENT OF NURSING

The purpose of this hospital is to furnish to the patients committed to its care every chance of recovery that scientific treatment, humane care, and pleasant and congenial associations can provide.

The conduct of every person employed should be such as would tend to make the patients feel that they are among friends. They should at all times be treated with courtesy and kindness. If they seek counsel or ask for assistance in their various troubles, they should not be disappointed. One should never be indifferent to their wants; never hasty or impatient in conversation; never treat them with neglect nor with an attitude of superiority; and one should never use harsh and domineering commands. Persuasion, with the proper spirit, will accomplish much. The whole future life of many a patient may depend upon the manner in which nurses and attendants do their duty.

Nurses and attendants are expected to set a good example to the patients in language, conduct, and dress. Loud talking or yelling in an institution of this sort should be considered a misdemeanor. The persons with whom the nurse or attendant has to deal are, by reason of their infirmities, irresponsible in language and conduct. The attitude of a patient shall never be considered an excuse for a like attitude on the part of the employee.

Every effort must be made to promote the mental and physical welfare of the patient. The impulsive and destructive patients must be diverted, the excited patients soothed, and the despondent and depressed patients comforted. Suicidal patients must be kept under constant observation.

It is the duty of every attendant and particularly of every nurse to report to their Supervisor any abuse or neglect of patients which may come to their attention. Abuse of patients means handling them roughly, striking them, swearing at them, or teasing them in any way. Abuse of a patient or being accessory to such abuse will constitute grounds for instant dismissal.

HOSPITAL COURTESY

Everyday hospital courtesy, like good manners, is practiced in this hospital as in other institutions. A considerate employee reflects the efficiency of his work and his attitude toward the patients. All duties and orders are carried out promptly, efficiently, and cheerfully. Whenever the Superintendent, physician, nursing supervisor or other superior enters the ward or ward office, the nurse or attendant in charge, as a matter of respect and courtesy, will rise and greet the individual and be prepared to give whatever assistance possible. This courtesy will also be shown when a nurse carrying out her assigned duties enters a ward staffed only by attendants.

INCOMING PATIENTS

Patients upon arrival in any ward, whether coming from other wards in the institution or when first admitted, must always receive special courteous care and attention. This is important for the welfare of the patient and for the morale of the ward.

RELATION TO VISITORS	Nurses and attendants shall at all times treat visitors and relatives of patients with courtesy and respect, but shall avoid discussing with them the condition or the prospective condition of the patients. Visitors shall be referred to the physician in charge for detailed information as to the patient's condition. Under no circumstances shall it be permitted for employees to visit the homes of the patients. Relatives seeking to visit patients on other than regular visiting hours should be referred to the Building Supervisor who will consult with the physician in charge of the patient.
WARD WORK	Nurses and attendants are held responsible for housekeeping on their respective wards. They are permitted and expected to obtain the assistance of patients in every way consistent with their care and health. No patient must be overtaxed by reason of willingness to work, and the attendant must set the example by working with those who are disposed to assist.
SICKNESS OR INJURY	All complaints or appearances of sickness or injury of patients or employees shall be reported at once to the proper authority. In case of injury to patient or employee an accident blank must be completed immediately.
THERAPY	No medication or any form of therapy including Hydrotherapy, Occupational Therapy, and Industrial Therapy may be administered without a written order from a physician. Telephone orders must be initialed by the physician within 12 hours. A patient may be secluded only on the written order of a physician. (See "Rules Governing Seclusion of Patients." September 27, 1950) Absolutely no form of mechanical restraint may be used.
ESCAPE	Every person employed by the hospital is responsible for the prevention of elopements from the institution. Any employee may be called upon at any time to help in the apprehension of an eloped patient. (See "Procedure in Cases of Elopement" revised January 22, 1951.)
GROUND PRIVILEGES	Ground privileges are granted only by the psychiatric staff. New patients must have been in the hospital at least 90 days before they may be granted such privileges. Patients returned from leave of absence must be in the hospital at least 30 days before ground privileges are permitted.
TRANSFER	Patients may be transferred from one building to another or from one ward to another only upon the order of a member of the medical staff.
PATIENTS' PROPERTY	Often, although there may be little of monetary value involved, a patient's property is of considerable value to him, and a conscientious accounting of every article should be rendered.
MAIL	Letters of patients are to be mailed only through the physician's office in the building where the patient resides. Employees should not mail letters or parcels for patients.

KEYS

Keys assigned to employees must always be in their possession or in the appropriate place officially designated for them. All lost keys are to be reported immediately to the Nursing Office. All keys must be returned before employment can be terminated. Hospital keys should never be given to a patient.

USE OF TELEPHONES

Patients are not permitted to use the telephone. Because of limited switchboard facilities, employees are not to use the hospital telephones for personal calls. Pay telephones are located conveniently at various points throughout the hospital for the use of employees.

FIRE

Employees are expected to be familiar with the proper procedure in case of fire and to exert every influence in order to avoid undue alarm or anxiety on the part of the patients. Employees are to cooperate fully with the Fire Department in fire drills and fire prevention.

WORKING HOURS

A hospital's work never stops and its facilities must be available every hour of the day, every day of the year. This requires that the Nursing Department be covered at all times. A schedule of work is followed based on a seven and a half hour day with at least one full day off in seven for each employee. Days off duty are assigned by building supervisors according to the needs of the hospital; however, requests for special days will be granted when it is not detrimental to the welfare of the patients. Certain emergencies may necessitate extra work. The employee will be paid extra at the regular rate (including maintenance) or receive compensating time for all overtime worked. Meal periods will be assigned by the Supervisor. While on duty nurses and attendants must not be absent themselves from their place of employment without permission.

(This outline has been printed in pamphlet form for distribution to Nursing Department employees.)

STATISTICAL SHEET OF PATIENT CAPACITY AND BUILDING NEEDS AS OF MAY 31, 1952

Present number of beds available	3140		
Dept. of Welfare's estimate of comfortable capacity	2256		
Overcrowding		884	
Rated Comfortable Capacity of Buildings Requiring Replacement:			
North 1	341		
South 1	211		
North 3	200		
South 3	200		
Total beds requiring replacement		952	
Additional beds required to bring to capacity of 3500		360	
Original total of new and replacement beds required			2196
Present beds to be retained: (Comfortable capacity rating)			
North 2	557		
North 2 Annex	112		
South 2	548		
South 2 Annex	87		
Total present beds to be retained			1304
Original suggested ultimate capacity			3500

BUILDINGS IN PROCESS OF CONSTRUCTION

Disturbed female building	350	
Male Ambulatory senile (replacing North 3)	250	
Female Ambulatory senile (replacing South 3)	250	
Tuberculosis Building	150	
Total number of beds in process of construction		1000

ADDITIONAL BUILDINGS AND REPLACEMENT BEDS REQUIRED (In order of need)

Disturbed Male Building (Replace North 1)	350	
Female Ergotherapy Building (Replace South 1)	180	
Admission Building	280	
Administration Building (no beds)	000	
Total additional replacement beds needed		810

SUMMARY

Beds in process of construction	1000	
Present beds to be retained	1304	
Beds obtained when County buildings at Mayview acquired	386	
Additional replacement beds needed	810	
		3500

Mayview State Hospital

REQUIRED FUTURE CONSTRUCTION

MAJOR BUILDING PROJECTS	ESTIMATED COST
Building for Male Disturbed and Semidisturbed Patients (350 patients)	$ 2,500,000.00
Female Ergotherapy Building (180 patients)	1,500,000.00
Admissions' Buildings (280 patients)	1,500,000.00
Physicians' Residences	90,000.00
Extension of Dairy Barn and Facilities	200,000.00
Administration Building	1,250,000.00

OTHER REQUIRED PROJECTS	ESTIMATED COST
Renovation of Abandoned North 2 Building Cafeteria	$ 75,000.00
New Roof for North 2 Building including redesign of gutters	130,000.00
Construction of a new 1,000,000-gallon water reservoir or standpipe with necessary water lines and pumping equipment. (Cost of standpipe, lines and pumping equipment unknown)	25,000.00
Remodeling of South 2 Building Female Cafeteria	45,000.00
Installation of separate guard rails on all steps in the institution four feet wide and wider as required by law	Not available
Repair of existing 1,000,000-gallon water reservoir after new reservoir is built	Unknown
Installation and relocation of a new 4-inch gas line from meter house at Power Plant to Farm Area to replace existing 4-inch gas line.	25,000.00
Major roof repairs to North 1 and South 1 Buildings	Unknown
Installation of a new high-tension power line from the switchhouse at Power Plant to the Farm area	18,000.00
New wash house for Miners at Coal Mine	25,000.00
Remodeling of Old Kitchen and Cafeteria Building	70,000.00
Redesign of enclosures on roof of North 2 Annex and South 2 Annex Buildings; repointing and replacement of all brick and coping stones on the parapet walls of these buildings to prevent roof leaks into these buildings	9,000.00

REQUIRED FUTURE CONSTRUCTION, CONTINUED

OTHER REQUIRED PROJECTS	ESTIMATED COST
Outside storage system for ashes at Power Plant	$ 25,000.00
Continuous blowdown system for all boilers at the Power Plant	8,000.00
Rewiring of entire Power Plant and Steam Line Tunnels	Unknown
Brickwork to be pointed up and window frames caulked in North 2 and South 2 buildings	18,000.00
Road lighting for new road to Male and Female Senile Buildings	12,000.00
New Heating and Lighting system for greenhouse with new condensate return system and major repairs to structure	Unknown
Replacement of worn-out wooden window frames, doors and door jambs, and the pointing up and caulking of all brick and stone masonry work at the Power Plant	Unknown
Cement-block Poultry House	75,000.00